

STUDENT HEALTH AND SUPPORT

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Lincoln University
Te Whare Wānaka o Aoraki
AOTEAROA • NEW ZEALAND

New Zealand's specialist land-based university

Casual Patient Registration Form

Student I.D Number _____

NHI Number _____

FAMILY NAME (print) _____ **OTHER NAMES** _____ **Male/Female/Other**

DATE OF BIRTH _____ **Preferred Name** _____

CURRENT ADDRESS (University address if relevant) _____

_____ **EMAIL** _____

CONTACT PHONE NUMBER _____ **Mobile** _____

POSTAL ADDRESS (if different from residential) _____

ETHNICITY _____ **NEW ZEALAND RESIDENT** YES/NO

Emergency Contact: Name _____ **Phone Number** _____

Relationship _____

Regular GP _____ **Practice Name** _____

(New Zealand Residents)
COMMUNITY SERVICES CARD NUMBER _____ **expiry date** _____

HIGH USER CARD _____ **expiry date** _____

Important Information for Students

We are mindful that information we hold at Student Health and Support about your health and support needs is of a private and confidential nature. In regards to the collection, storage, and access to that information, we are bound by the rules of the Health Information Privacy Code, and the Health Act.

It is important for you to be aware that the date when you attended our service, the name of the professional you saw and some statistical screening data is information available to staff at Student Health and Support through our computer system. The details of your consultation or appointment are confidential between you and the professional you met with or consulted. There are some exceptions to this general rule such as when there are concerns for your own or others safety, or when there is a legal duty to provide health information.

When more than one professional at Student Health and Support is involved in your care (e.g. doctor and/or inclusive education and/or Psychologist and/or international student advisor), in certain circumstances, information relevant to your care may be shared between those professionals. This ensures we are all working together to provide you with the best possible support and health care.

If you have any concerns about privacy and confidentiality, or would simply like more information about these topics, please contact our staff/manager.

For Security Reasons All requests for medical information to be emailed will be declined. Please collect your information before leaving University for overseas.

Please register me (or my child under 16 years who is under my custody) with Student Health & Support.

I understand that:

Under the privacy laws Student Health and Support is able to exchange information with other health organisations in the interests of my healthcare.

SIGNATURE _____

DATE _____

Parent/Guardian _____

Relationship _____